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Bib Data Sheet

CONFIRMATION NO. 8368

<b>SERIAL NUMBER</b> 09/751,577	<b>FILING OR 371(c) DATE</b> 12/29/2000 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> AT00092	
<b>APPLICANTS</b> Ross Miller, Sunnyvale, CA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/19/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 20350					
<b>TITLE</b> Methods and systems for treating teeth					
<b>FILING FEE RECEIVED</b> 1194	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>APPLICANTS</b> Ross Miller, Sunnyvale, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/466,353 12/17/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
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<b>ADDRESS</b> 24710				
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